## **Application Information**

Title:: NETWORK DEVICE MANAGEMENT

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 7

Small Entity:: YES

Attorney Docket No:: 18587-7

**Applicant Information** 

Applicant Authority Type::

Given Name:: Robert

Middle Name:: G.

Family Name:: Marsico

City of Residence:: Las Vegas

State or Province of Residence:: Nevada

Country of Residence:: United States of America

Street of Mailing Address:: 8484 Turtle Creek Circle

City of Mailing Address:: Las Vegas

State or Province of Mailing Address:: Nevada

Country of Mailing Address:: United States of America

Zip Code of Mailing Address:: 89113

Applicant Authority Type:: Inventor

Given Name:: Marilyn Given Name:: J. Family Name:: Marsico City of Residence:: Las Vegas State or Province of Residence:: Nevada Country of Residence:: United States of America 8484 Turtle Creek Circle Street of Mailing Address:: City of Mailing Address:: Las Vegas State or Province of Mailing Address:: Nevada United States of America Country of Mailing Address:: Zip Code of Mailing Address:: 89113 **Applicant Authority Type::** Inventor Given Name:: Carl Middle Name:: A. Family Name:: Steen City of Residence:: North Barrington State or Province of Residence:: Illinois Country of Residence:: United States of America 241 N. Indian Trail Road Street of Mailing Address:: City of Mailing Address:: North Barrington State or Province of Mailing Address:: Illinois United States of America Country of Mailing Address:: Zip Code of Mailing Address:: 60010

Applicant Authority Type:: Inventor
Given Name:: Maxwell
Middle Name:: A.
Family Name:: Marsico

City of Residence::

Las Vegas

State or Province of Residence::

Nevada

Country of Residence::

United States of America

Street of Mailing Address::

8484 Turtle Creek Circle .

City of Mailing Address::

Las Vegas

State or Province of Mailing Address::

Nevada

Country of Mailing Address::

United States of America

Zip Code of Mailing Address::

89113

**Correspondence Information** 

Correspondence Customer Number::

21130

**Representative Information** 

Representative Customer Number::

21130

Representative Designation::

Primary

Representative Name::

W. Scott Harders

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/447436	02/14/03

## **Foreign Priority Information**

None